Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural / Cumberland, Rural
LENGTH OF STAY (In this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. #3 Bedford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Cumberland
STREET ADDRESS (If rural, give location): R.F.D. #3 Bedford Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Ahern

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: May 10-1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired laborer-Custodian

10b. KIND OF BUSINESS OR INDUSTRY: Blvd. Hotel

11. BIRTHPLACE (State or foreign country): Westernport, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Catherine Willburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 214-05-5566

17. INFORMANT AND ADDRESS: Mrs. Roy Wratchford, daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry* ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes**, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.		Cumberland, Md.	Dec. 29-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 31, 1951	George Cemtery	Swanton, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 31, 1951	Victor L. Hantz, M.D.	John J. Hafer	Cumberland, Md.

776-88

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 7 1952
BUREAU V. S.

Within corporate limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11601

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Maryland | LENGTH OF STAY (in this place) 6/3/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cresaptown, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	J.	Beck	12	19	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	May 7 1871	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Solomon Cook Beck
14. MOTHER'S MAIDEN NAME: Martha Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Charles Cook, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Infirmities of Age — Interval Between Onset and Death: 10 days

7947 / 162 b — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 3, 1946, to Dec. 19, 1951, that I last saw the deceased alive on Dec. 8, 1951, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur J. Jones	M.D.	110 S. Centre St.	Dec. 20, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 22 1951	Hill Crest Cemetery	Cumberland, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 22, 1951	Walter K. Frantz, M.D.	William H. Kight, Cumberland,	Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11602

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (In this place): 43 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1016 Myrtle Ave.	STREET ADDRESS (If rural, give location): 1016 Myrtle Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	Franklin	Bittinger	Dec.	31	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	married	Feb.4-1907	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Drove Milk truck for	Liberty Dairy	Hendricks , W.Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lloyd F.Bittinger	Carrie Mineer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes / W.W. 2	214-05-8478	wife,Margaret Ruppert Bittinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion due to	at once
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary sclerosis	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry* ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H. V. Deming M.D.		Cumberland,Md.	Dec.31-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 4, 1952	Hillcrest Cemetery	Cumberland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 1, 1952	Walter K. Kantz, M.D.	John J. Mayer,	Cumberland, Maryland

690-467

RECEIVED
JAN 7 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

11603

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 410

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 4 5/12
HOSPITAL OR INSTITUTION OR STREET ADDRESS 407 Valley St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 407 Valley St.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Lenore (Last) Blonskey
4. DATE OF DEATH: (Month) Dec (Day) 16 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: July 15 1906
9. AGE last birthday: 45 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Blonskey
14. MOTHER'S MAIDEN NAME: Bertha Barkhouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Ruth Blonskey - Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of cervix, Squamous cell	2+ yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 9-24-49, 3-28-50
19b. MAJOR FINDINGS OF OPERATION: Biopsy: Carc. Cervix - stage II & massive hemorrhage. Abdomino-perineal resection Sprectum (recurrent)
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1949 to 12-16, 1951, that I last saw the deceased alive on 12/16, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE: (Degree or title) ADDRESS: Cumberland Md DATE SIGNED: 12-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/19/51
NAME OF CEMETERY OR CREMATORY: St. Luke's Cem.
LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: Dec. 19, 1951
REGISTRAR'S SIGNATURE: Walter K. Wantz, M.D.
24. FUNERAL DIRECTOR: Louis Stein Inc. ADDRESS: Cumberland

693-88

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11604

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 75 W. College Ave

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) James (Last) Bottner
4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-19-1901
9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Manager
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Frostburg, Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Henry J. Bottner
14. MOTHER'S MAIDEN NAME: Edwardina Wink
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Fred Bottner Frostburg Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	10 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	1 yr.
94a	(c) Enlargement heart.	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1951, to 12/16, 1951, that I last saw the deceased alive on 12/16, 1951, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W E Bottner M.D Frostburg Md 12/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-19-1951
NAME OF CEMETERY OR CREMATORY: Hill Crest Cem.
LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: 12-19-51
REGISTRAR'S SIGNATURE: Mrs. Nancy N Poe
24. FUNERAL DIRECTOR: Dan Hafer, Frostburg, Md.
ADDRESS

270-GVV

RECEIVED
DEC 26 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the figures clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) E. (Last) Brandt

4. DATE OF DEATH: (Month) 12. (Day) 21. (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 26, 1891

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kelly Springfield

10b. KIND OF BUSINESS OR INDUSTRY: Kelly Springfield

11. BIRTHPLACE (State or foreign country): Bedford Co. Pa.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Samuel Brandt

14. MOTHER'S MAIDEN NAME: Margaret Sarver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 247 07 6152

17. INFORMANT AND ADDRESS: Mrs. Hazel Brandt, Ellerslie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-Vascular Accident	12 days
521. 830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Degeneration Arterio-Sclerosis Generalized	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1950, to Dec 21, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at 7 30 P. m., from the causes and on the date stated above.

SIGNATURE: John A Topper — (Degree or title) MD — ADDRESS: Hyndman Pa — DATE SIGNED: 12.21.51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 12.24.1951 — NAME OF CEMETERY OR CREMATORY: Union cemetery — LOCATION (City, town, or county) (State): Myersdale, Pa.

DATE REC'D BY LOCAL REG.: 12/23/51 — REGISTRAR'S SIGNATURE: J. Lloyd Wolfe — 24. FUNERAL DIRECTOR: Harvey N. Legler — ADDRESS: Hyndman Pa.

11606

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Arch Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 119 Arch Street

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) L. (Last) Brant

4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan. 7, 1885

9. AGE last birthday: 66 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theodore M. Brant

14. MOTHER'S MAIDEN NAME: Catherine [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Florence Brant [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval Between Onset and Death: 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis — 2 yrs

422.2
93.2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 19 49, to Dec 15, 19 51, that I last saw the deceased alive on Dec 15, 19 51, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clark Jewett, M.D. ADDRESS Cumberland DATE SIGNED 12/17/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Dec. 19, 1951 — NAME OF CEMETERY OR CREMATORY Willowbrook Burial Park — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Dec. 17, 1951 — REGISTRAR'S SIGNATURE Winter R. Dantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barton
LENGTH OF STAY (in this place): 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: in auto on Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barton R.F.D. (rural)
STREET ADDRESS (If rural, give location): Moscow, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	C.	Broadwater	Dec.	2	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
male	white	married	Aug. 15-1921	30 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labrer at Luke Pulp & Paper Mill
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Barton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Columbus Broadwater
14. MOTHER'S MAIDEN NAME: Mary Elizabet Bittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 214-16-2220
17. INFORMANT AND ADDRESS: wife) Thelma Broadwater

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carbon monoxide poisoning	gradual
891.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
1788	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Water St. in auto
(CITY OR TOWN): Barton (COUNTY): Allegany (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 1/51 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Presume, went to sleep in auto with motor running all night found dead in auto 9.30 A.M. 12-2/51

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection *☐, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident *☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.		Cumberland, Md.	Dec. 3-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 5, 1951	Laurel Hill Cem.	oscow, d.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 5, 1951	Mrs Jean C. Kelly	Ellsworth S. Pool	Westernport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Mt. Savage
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calla Hill

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage
STREET ADDRESS (If rural, give location): Calla Hill

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) PATRICK (Last) BRODERICK

4. DATE OF DEATH: (Month) Dec. (Day) 31, (Year) 19 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Sept. 3, 1871

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired laborer

10b. KIND OF BUSINESS OR INDUSTRY: Brick yard

11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Broderick

14. MOTHER'S MAIDEN NAME: Marie Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Michael Lynch, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 10 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Vascular Hypertension — Interval Between Onset and Death: 5 years or longer

DUE TO (c)

331X 34c

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 46 to Dec. 19 51, that I last saw the deceased alive on 12/29 19 51, and that death occurred at 12:00 noon, from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

William E. Mosley M. D. Mt Savage Md. 12-31-1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan 2-1952 — NAME OF CEMETERY OR CREMATORY: St. Patrick's Cemetery — LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REG. Dec 31/51 — REGISTRAR'S SIGNATURE: Vernon McDermott

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

970-626

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; LENGTH OF STAY (in this place) 49 yrs.; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS Robbins St (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Brown

4. DATE OF DEATH: (Month) Dec, (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct, 20 1902

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Digger

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Lonaconing, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Brown

14. MOTHER'S MAIDEN NAME: Mary Wilkie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 164-10-3129

17. INFORMANT: Mary Brown (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: 3 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21, 1951, to 12/21, 1951, that I last saw the deceased alive on 12/21/51, 19....., and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE Paul Eugene Mize (Degree or title) M.D. ADDRESS Lonaconing Md. DATE SIGNED 12/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 24 1951

NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

LOCATION (City, town, or county) (State): Lonaconing, Md.

DATE REC'D BY LOCAL REG. 12/24/51

REGISTRAR'S SIGNATURE Jeanette M Grol

FUNERAL DIRECTOR M. Eichhorn

ADDRESS Lonaconing Md.

650-21

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 9 Washington St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Leonard (Last) Cain
4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1957

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH 2/22/1905 | 9. AGE last birthday 46 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dyer
10b. KIND OF BUSINESS OR INDUSTRY Celanese Corp.
11. BIRTHPLACE (State or foreign country) Vale Summit
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James H. Cain
14. MOTHER'S MAIDEN NAME Annie Leahe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-07-5363
17. INFORMANT AND ADDRESS Mrs. Helen Cain, 9 Washington St. Frostburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Sclerosis	1 year
420 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yrs
14a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Dec 26, 1957, that I last saw the deceased alive on Dec 24, 1957, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W D McLane MD | ADDRESS Frostburg Md | DATE SIGNED 12-26-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/29/57 | NAME OF CEMETERY OR CREMATORY St Michaels Cemetery | LOCATION (City, town, or county) Frostburg (State) Md.

DATE REC'D BY LOCAL REG. 12-28-57 | REGISTRAR'S SIGNATURE Mrs. Nancy V. Roe | 24. FUNERAL DIRECTOR Jack Hafer | ADDRESS 23 E. Main St. Frostburg, Md.

RECEIVED
JAN
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Md; LENGTH OF STAY (in this place) 2yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hosp. Cumb.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Md.; STREET ADDRESS (If rural, give location) Allegany Hospital.

3. NAME OF DECEASED (Type or Print): (First) Loretta (Middle) Catherine (Last) Cassidy

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 12, 1896

9. AGE last birthday: 55 yrs. If under 1 year: Months 10 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Allegany Hospital

11. BIRTHPLACE (State or foreign country): Philadelphia Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis P. Cassidy

14. MOTHER'S MAIDEN NAME: Catherine Grady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Sister Angela Allegany Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hepato-renal syndrome — Interval Between Onset and Death: 4 days

584X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cholecystectomy - hysterectomy

126 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/1/51

19b. MAJOR FINDINGS OF OPERATION: Gallstones; uterine fibroid

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1951 to 12/5, 1951, that I last saw the deceased alive on 12/5, 1951, and that death occurred at 10:07 p.m., from the causes and on the date stated above.

SIGNATURE John K. Rozzell M.D. (Degree or title) ADDRESS Cumberland Md DATE SIGNED 12/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 12/7/51; NAME OF CEMETERY OR CREMATORY St. Patricks Cem.; LOCATION (City, town, or county) (State) Cumberland Md.

DATE REC'D BY LOCAL REG. Dec. 6, 1951; REGISTRAR'S SIGNATURE Wirtes K. Leary, M.D.

24. FUNERAL DIRECTOR Louis Stein Inc. ADDRESS Cumb. Md.

740-864

Within co p[illegible] limit

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; MARYLAND; LENGTH OF STAY (in this place): 49 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 311 Pennsylvania Ave

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) (Last) Clawson

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 2 1902

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Bucklew

14. MOTHER'S MAIDEN NAME: Dora Garlitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George Clawson, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized abdom. Carcinomatosis — Interval Between Onset and Death: ? 6m-1yr.

171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Cervix (biopsy) — 1 year

48a (c) Probable ovarian Ca. — ? 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites.

19a. DATE OF OPERATION: 7-26-51

19b. MAJOR FINDINGS OF OPERATION: Ca Cervix - Biopsy (followed X-ray + implant)

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 51 to Dec. 22, 19 51 that I last saw the deceased alive on Dec. 20, 19 51, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter Hodges, M.D. ADDRESS Cumberland, Md. DATE SIGNED 12-21-51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec 22 1951

NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec 22, 1951

REGISTRAR'S SIGNATURE: Walter K. Hardy, M.D.

24. FUNERAL DIRECTOR: William H. Kight ADDRESS: Cumberland, Md.

within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rawlings (rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence		Conrad	Dec.	19	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
female	white	Widowed	Dec. 11-1883	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): own housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Barnes
14. MOTHER'S MAIDEN NAME: Florence Goodnow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxiation due to aspiration of stomach) sudden

921.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) contents also partial intestinal obstruction

(c) due to round worms, also had fracture of left femur.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of the left femur Nov. 21/51

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway 220	(CITY OR TOWN): Cresaptown	(COUNTY): Allegany	(STATE): Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: Nov. 21/51 A. m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Came out of grocery store, made a mis-step & fell to road		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H.V. Deming M.D.		Cumberland, Md.	Dec. 19-1951

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec 21, 1951	Bier Cemetery	near Rawlings	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 21, 1951	Walter K. Frantz, M.D.	John F. Hagin, Cumberland,	Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Within corporate limits . F . .

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: ALLEGANY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (In this place): 22 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [redacted] Mill Hermany
STREET ADDRESS (If rural, give location): [redacted]

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) Irene (Last) CROWE
4. DATE OF DEATH: (Month) 12- (Day) 26 (Year) 1951
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 7-4-1905
9. AGE last birthday: 46 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): MARYLAND, Garrett County
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: FLOYD ~~POLEMEN~~ Poleman
14. MOTHER'S MAIDEN NAME: Armada ~~AMANDA~~ DURST
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Rheumatic Heart Disease	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6- , 1951, to 12-26, 1951, that I last saw the deceased alive on 12-25 1951, and that death occurred at 6:55A .M., from the causes and on the date stated above.

SIGNATURE: Wm. F. Williams (Degree or title): MD ADDRESS: Cumberland Md. DATE SIGNED: 12-27-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 28 1951 — NAME OF CEMETERY OR CREMATORY: New Germany Cem. — LOCATION (City, town, or county) (State): New Germany, Maryland

DATE REC'D BY LOCAL REG.: Dec. 27, 1951 — REGISTRAR'S SIGNATURE: Wates L Tanty M.D.

24. FUNERAL DIRECTOR: Wm Winterberg ADDRESS: Grantsville Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 9 FilmG137 1/2/52 whw

11615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Ranson Allegan; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton; STREET ADDRESS (If rural, give location) XXX - - - - -

3. NAME OF DECEASED (Type or Print): (First) EDMUND (Middle) (Last) CRUETZBURG

4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 195

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 15, 1874

9. AGE last birthday: 76 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Barton, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Cruetzburg

14. MOTHER'S MAIDEN NAME: Mathilda Cowmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - -

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Martha Smith (Niece)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolism — Interval Between Onset and Death: Seconds

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertensive Cardio- — years.

443X 9th (c) Vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

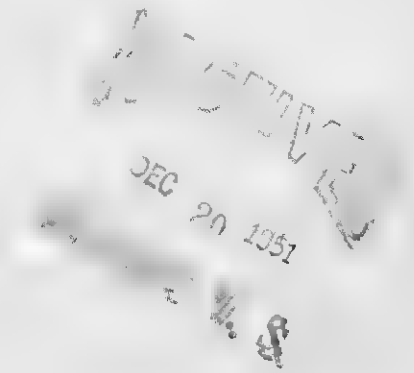
22. I hereby certify that I attended the deceased from 8 Dec, 19 51, to 9 Dec, 19 51, that I last saw the deceased alive on 9 Dec, 19 51, and that death occurred at 6 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John B. Davis, M.D. Frostburg, Md 12/11/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 12/13/51 | NAME OF CEMETERY OR CREMATORY: Laurel Hill | LOCATION (City, town, or county) (State): Moscow, Md

DATE REC'D BY LOCAL REG. 12-14-51 | REGISTRAR'S SIGNATURE: Mrs Nancy N. Roe | 24. FUNERAL DIRECTOR: Ellsworth E. Beall ADDRESS: Westernport, Md.


DEC 20 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (for this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, Md.
STREET ADDRESS (If rural give location) 1 Hillcrest Ave.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) F. (Last) Darr

4. DATE OF DEATH (Month) December (Day) 26 (Year) 1957

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 11, 1881

9. AGE last birthday 76 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter

10b. KIND OF BUSINESS OR INDUSTRY General - Self

11. BIRTHPLACE (State or foreign country) Saxton, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Darr

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Ora I. Darr 1 Hillcrest Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 6 weeks

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Chronic myocarditis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1957, to Dec. 26, 1957, that I last saw the deceased alive on Dec. 25, 1957, and that death occurred at 10:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Krings M.D. ADDRESS 57 Queen St. Cumberland DATE SIGNED 12-28-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1-2-58 NAME OF CEMETERY OR CREMATORY Odd Fellows Cem LOCATION (City, town, or county) (State) Saxton, Pa.

DATE REC'D BY LOCAL REG. Dec. 28, 1957 REGISTRAR'S SIGNATURE Walter R. Beatty, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland, Md.

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (In this place) 4 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miner's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 28 Frost Ave.

3. NAME OF DECEASED (Type or Print): (First) Virgie (Middle) M. (Last) Lemmon
4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 27 1868
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Bedford Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Jacob Fechtner
14. MOTHER'S MAIDEN NAME: Susan E. Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Pearl Hanba, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Left Ventricular Failure	1 day.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular	years
	(c) Renal disease	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948 to Dec. 5, 1951, that I last saw the deceased alive on Dec. 5, 1951 and that death occurred at 8 30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John B. Davies, MD — Frostburg, Md — 12/6/51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-8-1951 — NAME OF CEMETERY OR CREMATORY: Pale Of Ta Cem. — LOCATION (City, town, or county) (State): Allegheny Md.

DATE REC'D BY LOCAL REG. 12-8-51 — REGISTRAR'S SIGNATURE: Mrs Nancy N. Roe

24. FUNERAL DIRECTOR — ADDRESS: Jacob Hanba, Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodland
STREET ADDRESS (If rural, give location): R.D. 1 Frostburg, Md.

3. NAME OF DECEASED (Type or Print): (First) Alexander (Middle) H. (Last) Lemmon

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-21-1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal

10b. KIND OF BUSINESS OR INDUSTRY: Mayor Co.

11. BIRTHPLACE (State or foreign country): Preston Co. W.Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Land Lemmon

14. MOTHER'S MAIDEN NAME: Virginia Stine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-07-6603

17. INFORMANT AND ADDRESS: Mother Lemmon, 140 Bell St. Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X — Immediate cause (a): cerebral hemorrhage — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 83a — (b): Arteriosclerosis — 10 years

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

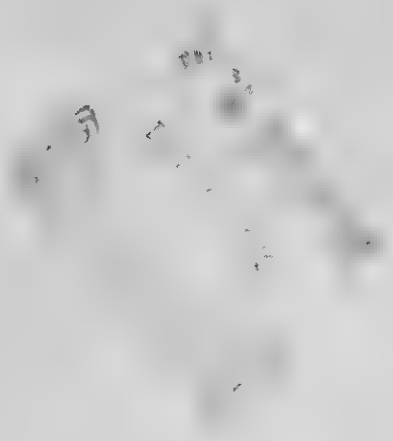
22. I hereby certify that I attended the deceased from Dec. 50, to 12-11-51, that I last saw the deceased alive on 12-10, 1951, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Adolph Wolferman M.D. ADDRESS: Frostburg Md. DATE SIGNED: 12-13-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-14-1951 — NAME OF CEMETERY OR CREMATORY: Frostburg Mem. Pk. — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 12-14-51 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe — 24. FUNERAL DIRECTOR: Jacob Hafer — ADDRESS: Frostburg, Md.

VS. A15



Within corporate limits? DR. ROTH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; LENGTH OF STAY (In this place) 6 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA; COUNTY Mineral; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WILEY FORD; STREET ADDRESS (If rural, give location) BOX 12

3. NAME OF DECEASED (Type or Print): (First) RUFUS (Middle) Cleveland (Last) DORSEY

4. DATE OF DEATH: (Month) DEC. (Day) 30 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: NOV. 26 1889

9. AGE last birthday: 62 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad Engineer

10b. KIND OF BUSINESS OR INDUSTRY: R.R. (B&O)

11. BIRTHPLACE (State or foreign country): PENNA. Somerset

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY D. DORSEY

14. MOTHER'S MAIDEN NAME: EMMA MULLEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-5274

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 3 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic glomerular nephritis — unknown

131.8 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 DEC., 1951, to 30 DEC., 1951, that I last saw the deceased alive on 29 DEC., 1951, and that death occurred at 6:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Vivian Ralph Loch, M.D. 202 Virginia Avenue Cumberland Md. 12/30/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 1-1-1952 — NAME OF CEMETERY OR CREMATORY: Greenmount Cem. — LOCATION (City, town, or county) (State): Cumberland, Md

DATE REC'D BY LOCAL REG.: Jan 31, 1951 — REGISTRAR'S SIGNATURE: Walter K. Kantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Charles L. George — Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westernport | LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ---

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-3mi. West of Westernport
STREET ADDRESS (If rural, give location) 3 mi. West of Westernport

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year) 19
Minnie	Rose	Duckworth	Dec.	21,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widow	Jan. 30, 1868	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Own Home	Penn.	USA

13. FATHER'S NAME: Nathaniel Barnard
14. MOTHER'S MAIDEN NAME: Nacy Spier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ---
17. INFORMANT AND ADDRESS: Harry Duckworth -- McCool Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia

491 X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
107 (b) Senility
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED: While at Work ☐ / Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec. 20, 19 51, to Dec. 21, 19 51, that I last saw the deceased alive on Dec. 20, 19 51, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[illegible] M.D.	Westernport, Md	12/22/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 23, 1951	Philos Cem.	Westernport, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 24, 1951	Mrs Jean C. Kelly	E.S. Coal	Westernport, Md.

Within corporate limits

Called 65 Hafers Dr. Weissmann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; MARYLAND; LENGTH OF STAY (in this place) 39 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 430 Grand Ave

3. NAME OF DECEASED (Type or Print): (First) John; (Middle) Webster; (Last) Ebersole

4. DATE OF DEATH: (Month) Dec; (Day) 29; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 22 1872

9. AGE last birthday: 79 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: N & G Taylor Tinmill

11. BIRTHPLACE (State or foreign country): Stephens City Va

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: John Ebersole

14. MOTHER'S MAIDEN NAME: Sarah Tracy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: Mrs J.C. Shelley - 430 Grand Ave City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 hours
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. myocarditis	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cancer of glans penis — 9 mos

19a. DATE OF OPERATION: Nov 22-'51

19b. MAJOR FINDINGS OF OPERATION: Cancer of glans penis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1951, to Dec 29, 1951, that I last saw the deceased alive on Dec 29, 1951, and that death occurred at 10:25 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R.V. Trevaskis, Jr — ADDRESS: Cumberland Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 31, 1951 — REGISTRAR'S SIGNATURE: Winter K. Mantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer — ADDRESS: Cumberland, Md.

VS: A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11692

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg | LENGTH OF STAY (In this place): 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural give location): 114 Center St.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) HAMILTON (Last) ELIAS
4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1957
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 6-29-1872
9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Eckhart Mines, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Bannatyne
14. MOTHER'S MAIDEN NAME: Annie Glenn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Thomas Elias, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) Carcinoma of Rt Lung — Interval Between Onset and Death: 3 mo

47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1957, to Dec 7, 1957, that I last saw the deceased alive on Dec 7, 1957, and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
W O'Mc Lane M D | Frostburg Md | Dec 10 1957

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-10-1951 | NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park | LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 12-10-51 | REGISTRAR'S SIGNATURE: Mrs. Nancy A. Roe | 24. FUNERAL DIRECTOR: J. R. Durst, | ADDRESS: Frostburg, Md.

VS. A15

DEC 14

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
   LENGTH OF STAY (in this place): 1
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 15 Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
   STREET ADDRESS (If rural, give location): 15 Potomac Street

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Hadley (Last) England

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 1, 1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: T. C. Hadley

14. MOTHER'S MAIDEN NAME: Sarah Luther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Miss Alma England, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

794a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Enlarged heart

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1949 to 12/29 , 1951, that I last saw the deceased alive on Dec 29 , 1951, and that death occurred at 12:25 a.m., from the causes and on the date stated above.

SIGNATURE: Charlotte Bloodworth, M.D. (Degree or title) ADDRESS: Cumberland, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Dec. 31, 51 — NAME OF CEMETERY OR CREMATORY: [illegible] Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec. 30, 1951 — REGISTRAR'S SIGNATURE: Walter R. Lantz, M.D.

24. FUNERAL DIRECTOR ADDRESS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11024

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (In this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 527 Washington St.	STREET ADDRESS (If rural, give location) 527 Washington St

3. NAME OF DECEASED (Type or Print)	(First) Clara	(Middle) D.	(Last) Finan	4. DATE OF DEATH	(Month) December	(Day) 26,	(Year) 19 51	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	March 26, 1870	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Cumberland, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Weyand Doerner		14. MOTHER'S MAIDEN NAME Anne Messman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Miss Mary Finan Cumberland, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral vascular accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis. Obesity. Old age

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 21, 19 51, to Dec 26, 19 51, that I last saw the deceased alive on 12/26/51, and that death occurred at 4 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John K. Rowan M.D.	Cumberland Md	12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-27-51	St Peter and Paul	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 27, 1951	Winter R. Bantz M.D.	James F. Scarpelli	Cumberland, Md.

Cerebrovascular accident

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1b

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 16 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 627 Quebec Ave

3. NAME OF DECEASED (Type or Print): (First) Sila; (Middle) E; (Last) Fowler

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dress Maker

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Bawley Pa

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: James L Fowler

14. MOTHER'S MAIDEN NAME: Sarah Collett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 174-07-8127

17. INFORMANT AND ADDRESS: Myda V Knight 627 Quebec Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) congestive heart failure	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) generalized arteriosclerosis	1 yr
	(c) carcinoma of rectum - sigmoid junction	1 yr

154X
410

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-26-51

19b. MAJOR FINDINGS OF OPERATION: carcinoma of rectum - sigmoid junction ; ileus

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1951, to 12-14, 1951, that I last saw the deceased alive on 12-14, 1951, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS 57 Bruce St. DATE SIGNED 12-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12-16-51; NAME OF CEMETERY OR CREMATORY: Fuller Burial Park; LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Dec 15 1951; REGISTRAR'S SIGNATURE: Walter K. Frantz, M.D.; 24. FUNERAL DIRECTOR: James T. Scarpelli; ADDRESS: Cumberland Md

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1226

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirm...

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) L. (Last) Gray
4. DATE OF DEATH (Month) Dec. (Day) 1 (Year) 19 51

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Feb. 1, 1867 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Hampshire County, W. Va. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Stotler | 14. MOTHER'S MAIDEN NAME: Christina Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS: Mrs. Alice Walter, [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident — Interval between onset and death: 5 hrs

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

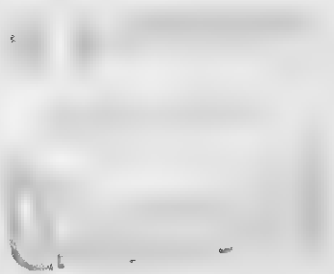
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 51, to Dec. 2, 19 51, that I last saw the deceased alive on Dec. 2, 19 51, and that death occurred at 10:55 a m., from the causes and on the date stated above.

SIGNATURE: Arthur T. Jones (Degree or title) M.D. ADDRESS 110 S. Centre St. Cumberland, Md. DATE SIGNED 12-2-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 5, 1951 | NAME OF CEMETERY OR CREMATORY: Willowbrook Cemetery | LOCATION (City, town, or county) (State): Cumberland

DATE REC'D BY LOCAL REG.: Dec. 4, 1951 | REGISTRAR'S SIGNATURE: Hunter K. Dantz, M.D. | 24. FUNERAL DIRECTOR: S. F. Scarselli | ADDRESS: Cumberland, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ALLEGANY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 24 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY: Grant
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PETERSBURG Rural
STREET ADDRESS (If rural, give location): Cabins

3. NAME OF DECEASED (Type or Print): (First) ANDY (Middle) (Last) GOLDIZEN

4. DATE OF DEATH: (Month) DEC. (Day) 9 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 7 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Miner

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm State Roads Comm.

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CRISS J. GOLDIZEN

14. MOTHER'S MAIDEN NAME: ANNIE R. ~~RIGLEMAN~~ Riggleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ?

16. SOCIAL SECURITY NO.: 232-26-0744

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of stomach — Interval between onset and death: 1 yr.

151X 151.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-21-51

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach with metastasis in regional glands

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1951, to 12-9, 1951, that I last saw the deceased alive on 12-8, 1951, and that death occurred at 10:55 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title): D.G. Irvine MD

ADDRESS: Cumberland

DATE SIGNED: 12-9-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/11/51

NAME OF CEMETERY OR CREMATORY: Family Goldizen

LOCATION (City, town, or county) (State): Near Petersburg W. Va.

DATE REC'D BY LOCAL REG.: Dec. 10, 1951

REGISTRAR'S SIGNATURE: Walter R. Manly, M.D.

24. FUNERAL DIRECTOR: [illegible] Wash to Sons

ADDRESS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; MARYLAND; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 942 Gay St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 942 Gay St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	William	Gray	Dec.	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	married	Feb.28-1891	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer, Shop	Forge, B&O.R.Ry	Harpers Ferry, W.Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel D.Gray	Susan Foreman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	220-10-2041	Nettie May Bridges Gray (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Edema of the glottis due to carcinoma of	several
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) the throat, with metastasis.	years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V.Deming M.D.	Cumberland, Md.	Dec.29-1951

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-31-51	Rose Hill Cem	Cumberland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC. 31, 1951	Wade K. Hantz, M. D.	Louis Stein Inc.	4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Within corporate

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (in this place):; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 507 Rose Hill Ave

3. NAME OF DECEASED (Type or Print): (First) Leala (Middle) (Last) Grimm

4. DATE OF DEATH: (Month) Dec (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb 13 1884

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Private Home

11. BIRTHPLACE (State or foreign country): Leyersdale Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Graves

14. MOTHER'S MAIDEN NAME: Lizzie Sheetz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Harry Hershberger, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia complete — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic obstructive C [illegible] — 126

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/20/51

19b. MAJOR FINDINGS OF OPERATION: Gallbladder full of stones

20. AUTOPSY? Yes ☐ No

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1951, to 12/22, 1951, that I last saw the deceased alive on 12/22, 1951, and that death occurred at 3:55 A. m., from the causes and on the date stated above.

SIGNATURE: John K Rowe M D (Degree or title) ADDRESS: 30 S Mechanic St DATE SIGNED: 12/22/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec 24 1951

NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery

LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Dec. 23 1951

REGISTRAR'S SIGNATURE: Walter L. Frantz M.D.

24. FUNERAL DIRECTOR: William H. Kight, ADDRESS: Cumberland, Md

VS. A15

Within corporate limits

1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 N. Cedar St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 105 N. Cedar St.

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Leah (Last) Hamilton

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 28, 1882

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Elliottsville, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Goodwin

14. MOTHER'S MAIDEN NAME: Nancy Hibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Walter T. Hamilton, 105 N. Cedar St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: 6 Mo

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 4 yrs

61 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 17, 1951, to Dec. 21, 1951, that I last saw the deceased alive on Dec. 23, 1951, and that death occurred at 11:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. W. Snyder M.D. 36 Greene St. Cumberland Md. 12/24/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 24, 1951	I.O.O.F. Cemetery	Rockwood Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 24, 1951	Winter K. Hantz, M.D.	Jesse L. Hafer	Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 45 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 610 North Ann Place

3. NAME OF DECEASED (Type or Print): (First) Charles; (Middle) Andrew; (Last) Handell

4. DATE OF DEATH: (Month) Dec; (Day) 18; (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 9 1871

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter

10b. KIND OF BUSINESS OR INDUSTRY: Painting House

11. BIRTHPLACE (State or foreign country): Gilpintown Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N O (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Oscar Handell, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

97 (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: about 2 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 3, 19 50 to Dec. 18, 19 51, that I last saw the deceased alive on Dec. 18, 1951, and that death occurred at 12.45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H. V. Deming M.D. Cumberland, Md. Dec.19-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec 21 1951

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Dec. 21 1951

REGISTRAR'S SIGNATURE: Wister R. Frantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight ADDRESS: Cumberland, Md.

VS. A15

Within corporate limits ITEM 7 Film 2127 1-16-52 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 11 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR CUMBERLAND, Rural
STREET ADDRESS (If rural, give location) R.F.D. #1, Rec. Hill

3. NAME OF DECEASED: (First) WILLIAM (Middle) WALTER (Last) HENDRICKSON
(Type or Print) WALTER W.

4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	WHITE	MARRIED	AUG. 4, 1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Car repairman	B & O Railroad	MARYLAND	U.S.A.

13. FATHER'S NAME: WILLIAM HENDRICKSON

14. MOTHER'S MAIDEN NAME: DEBORAH ~~BEARS~~ Burrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Mrs. Edith Hendrickson, Rt. 1, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Several Days
420.1 Antecedent cause(s)	DUE TO	
14a Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/19, 1951, to 12/30, 19 51, that I last saw the deceased alive on 12-29, 19 51, and that death occurred at 11:25 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
J. V. Johnson	M. D.	Cumberland, Md	1-1-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 2, 1952	St. Johns Evan. & Ref. Cemetery	near Hopewell, Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 1, 1952	Winter K. Frantz, M.D.	John J. Hafer	Cumberland, Md.

VS. 15 8-51

VED
7 1952
V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Pennsylvania Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Christina (Middle) (Last) Hendry

4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 19[illegible]

5. SEX: [illegible]e

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]

8. DATE OF BIRTH: Aug. 21, 1872

9. AGE last birthday: 7[illegible] yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): [illegible], Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wilson

14. MOTHER'S MAIDEN NAME: Mary [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)--- Coronary Thrombosis — Interval Between Onset and Death: Acute

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)--- Arteriosclerosis — 10 yrs

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on ..... , 19..... , and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE: Chas F. Smith (Degree or title) M.D. ADDRESS: Cumberland - DATE SIGNED: 12/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec. 31, 1951
NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
LOCATION (City, town, or county) (State): Lonaconing Md.

DATE REC'D BY LOCAL REG.: Dec. 30, 1951
REGISTRAR'S SIGNATURE: Walter K. Hanby M.D.

24. FUNERAL DIRECTOR: James F. Sear[illegible] ADDRESS: [illegible]

VS: A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11 21

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Mt. Savage
LENGTH OF STAY (in this place) 2-1 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) James (Last) Hess
4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 19 57

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5-19-07
9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Coal Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOSEPH HESS
14. MOTHER'S MAIDEN NAME: REGINA BARKOVITZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-10-1056
17. INFORMANT AND ADDRESS: Mrs. Jo Ann Hess Mt. Savage Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Sepsis from Hemorrhagic Pneumonia — Interval Between Onset and Death: 6 weeks

Antecedent cause(s)

13a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Silicosis — 2 years

(c) he was a coal miner

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Sclerosis Thrombosis in veins of R Leg & Left Arm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to Dec 28th, 1957, that I last saw the deceased alive on Dec 27, 1957, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
F. Clark G. Munn, M.D. Cumberland Md. Dec 28 57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Dec 31-57
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) Mt. Savage Md.

DATE REC'D BY LOCAL REG. Dec 31 1957
REGISTRAR'S SIGNATURE Veronica McDermott
24. FUNERAL DIRECTOR
ADDRESS Frostburg Md

RECEIVED
JAN 3
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11535

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 8 wks.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural give location) 59 Frost Ave.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) LESLIE (Last) HILL

4. DATE OF DEATH: (Month) DEC. (Day) 11, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6-24-1887

9. AGE last birthday: 64 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired electrician

10b. KIND OF BUSINESS OR INDUSTRY: Potomac Edison

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Hill

14. MOTHER'S MAIDEN NAME: Mary Jane Aspinall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-5070

17. INFORMANT: Earl Hill, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Myocarditis — Interval Between Onset and Death: 3 years

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

10 2 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1948, 19..... to Dec 11, 1951, that I last saw the deceased alive on Dec 11, 1951, and that death occurred at 6:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W D McLane M D — ADDRESS: Frostburg Md — DATE SIGNED: 12-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-14-1951 | NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park | LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 12-14-51 | REGISTRAR'S SIGNATURE: Sue Nancy N. Roe | 24. FUNERAL DIRECTOR: J. R. Durst, Frostburg, Md. ADDRESS

5-15-91

VS-A15 T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11636

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): 100 E. Mechanic St.

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) (Last) HOPKINS

4. DATE OF DEATH: (Month) Dec. (Day) 22, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6-11-1889

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired miner

10b. KIND OF BUSINESS OR INDUSTRY: coal mines

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Williams Hopkins

14. MOTHER'S MAIDEN NAME: Janet Anwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 232-26-0766

17. INFORMANT AND ADDRESS: Richard Hopkins, Jr., Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chr myocarditis	1 year
443X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 years
	(c) Bronchial asthma	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19....., to Dec 22, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at 2:55A m., from the causes and on the date stated above.

SIGNATURE: W O'M C Pare MD (Degree or title)

ADDRESS: Frostburg Md

DATE SIGNED: 12-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 12-24-51

NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 12-23-51

REGISTRAR'S SIGNATURE: Mrs Nancy A. Poe

24. FUNERAL DIRECTOR: J. R. Durst, Frostburg, Md.

ADDRESS:

12-0-11

White ... DR. ROBINSON
Jan 18 Film 3137 1-7-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1137

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY: ALLEGANY; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND; LENGTH OF STAY (in this place): 1 DAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FROSTBURG
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL	STREET ADDRESS (If rural, give location): 112 MAPLE STREET

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	GERALD	Franklin	HUSSELBAUGH Twin #II	DEC.	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	CHILD	DEC. 19, 1945	5 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child		MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FREDERICK E. HUSSELBAUGH	CROWE MABLE E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Spontaneous Hypoglycemia.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastritis (child had been vomiting for 3 ds.) (1-7->2 - ams)	
543 K 118	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/2, 19 51, to 12/3, 19 51, that I last saw the deceased alive on 12/3, 19 51, and that death occurred at 11:40A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L Thomas Robinson	M.D.	132 S. Liberty St. Cumberland, Md	12/4/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 6, 1951	Frostburg Memorial Park	Frostburg	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 4, 1951	Wintes K. Hanly, M.D.	Hafer Funeral Home	Frostburg, Maryland

Within corporate limits

11688

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS All[illegible] Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY All
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) J. [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX [illegible]e

6. COLOR OR RACE [illegible]ite

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH [illegible]

9. AGE last birthday [illegible] yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY Coal Mine

11. BIRTHPLACE (State or foreign country) [illegible] Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Congestive Heart Failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertensive Arteriosclerotic Heart Disease	?
426.0	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 19[illegible], to Dec 14, 19[illegible], that I last saw the deceased alive on Dec 13 19[illegible], and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold Greenman [illegible] 59 Greene Cumberland 12/14/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12-17-51

NAME OF CEMETERY OR CREMATORY Oak Hill Cem.

LOCATION (City, town, or county) (State) Lonaconing Md.

DATE REC'D BY LOCAL REG. Dec 15, 1951

REGISTRAR'S SIGNATURE Walter L. Hauk M.D.

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
DEC 19 1951
BUREAU OF S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1639 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) Italy; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va.; COUNTY Morgan; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paw Paw; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) WILLIAM (Last) KIDWELL

4. DATE OF DEATH: (Month) Dec. (Day) 15, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 5, 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Kidwell

14. MOTHER'S MAIDEN NAME: Amelia Batts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Martha Lewis, Paw Paw, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) congestive heart failure	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1951, to Dec 15, 1951, that I last saw the deceased alive on Dec. 14, 1951, and that death occurred at 10 30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Lewis (MD) 51 Queen St. 12-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 18, 1951

NAME OF CEMETERY OR CREMATORY: Camp Hill Cemetery

LOCATION (City, town, or county) (State): Paw Paw, W. Va.

DATE REC'D BY LOCAL REG.: Dec. 17, 1951

REGISTRAR'S SIGNATURE: Walter K. Dantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: W. D. Parks, Berkeley Springs, W.Va.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 745 Fayette St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bernadena	P.	Kiefer	Dec 9, 1951 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	Oct 4, 1881	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Cumberland, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christopher W. Nutt	Bernadina Dreher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Wm F. Goetz, 111 Second St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral vascular accident	2 days
415 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic cardiovascular dis	unknown
73c	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 6, 1951, to Dec 9, 1951, that I last saw the deceased alive on Dec 8, 1951, and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Oliver Ralph Lotz, M.D.	202 Virginia Avenue Cumb., Md.	Dec 10, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-11-51	St. Peter & Paul Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 10, 1951	Winter K. Davis, M.D.	James F. Scarpelli	Cumberland,

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 194 West Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Meyersdale (Rural); STREET ADDRESS (If rural, give location) RD # 3

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) (Last) Knepp

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/17/1865

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Knepp

14. MOTHER'S MAIDEN NAME: Susanna Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Sara Steinla - 194 W. Main St. Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular - Renal disease	years
	(c) Arteriosclerosis	years

4424 / 131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 19 49, to 13 Dec., 19 51, that I last saw the deceased alive on 13 Dec, 19 51, and that death occurred at 2 00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John B. Davis, M.D. Frostburg, Md 12/13/51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12/16/51 | NAME OF CEMETERY OR CREMATORY White Oak | LOCATION (City, town, or county) Sand Patch (State) Pa.

DATE REC'D BY LOCAL REG. 12-13-51 | REGISTRAR'S SIGNATURE Mrs. Nancy N. Roe | 24. FUNERAL DIRECTOR ADDRESS H.R. Konhaus, Meyersdale, Pa.

1-165

11642

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Frostburg.
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 79 Bowery Street,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg,
STREET ADDRESS (If rural, give location): 79 Bowery Street.

3. NAME OF DECEASED: (Type or Print) (First) Rella (Middle) Elmira (Last) Knepp

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 29th, 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 13th, 1895

9. AGE last birthday: 56 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid

10b. KIND OF BUSINESS OR INDUSTRY: Private homes

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Beeman

14. MOTHER'S MAIDEN NAME: Julia Garlitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-20-6259

17. INFORMANT & ADDRESS: Charles Knepp, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Carcinoma head of Pancreas & metastasis — DUE TO — Interval Between Onset and Death: 1 year

157X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO

46a

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 51, to Dec 29, 19 51, that I last saw the deceased alive on 29 Dec., 19 51, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

John B. Davis, M.D. Frostburg, Md. 12/31/51

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF: 1/1/52 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery — LOCATION (City, town, or county) (State): Garrett County, Md.

DATE REC'D BY LOCAL REG. 1-1-52 — REGISTRAR'S SIGNATURE: Mrs. Stanley M. Roe

24. FUNERAL DIRECTOR — ADDRESS: J.R. Durst, Frostburg, Md.

1205826

Within corporate limits

11643

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) D.O.A.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural give location) 422 Goethe St

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) Edwin (Last) Kolkhorst

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 14, 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Bolt & Forge

10b. KIND OF BUSINESS OR INDUSTRY: B & O RR

11. BIRTHPLACE (State or foreign country): Terra Alta, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Kolkhorst

14. MOTHER'S MAIDEN NAME: Anna E. Geldbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-4654

17. INFORMANT: Mrs. L.E. Kolkhorst - 422 Goethe St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3 Minutes

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Cold — Two weeks

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27, 1951, to 12-4, 1951, that I last saw the deceased alive on 12-3, 1951, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. J. Johnson Jr. M.D. Cumberland, Md. 12-4-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 8, 1951 — NAME OF CEMETERY OR CREMATORY: Queen's Point Cem — LOCATION (City, town, or county) (State): Keyser, W.Va.

DATE REC'D BY LOCAL REG.: Dec. 7, 1951 — REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer — ADDRESS: Cumberland, Md.

523-V-1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

21044

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pa. — COUNTY: Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural) Everett
STREET ADDRESS (If rural, give location): R.F.D.#1 ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ruth	M.	Koontz	Dec.	18	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
female	white	married	May 29-1897	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook in school cafeteria
10b. KIND OF BUSINESS OR INDUSTRY: Govt Home
11. BIRTHPLACE (State or foreign country): (housewife) Mercer Co. Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua E. Diehl
14. MOTHER'S MAIDEN NAME: Ada M. Smouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

463x **Immediate cause** (a) Pulmonary embolism (bilateral) — sudden

100a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec.18-1951	Phlebitis, Vericosity & thrombosis of right leg. Vein tiedoff.	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✱, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V.Deming M.D.	Cumberland, Md.	Dec.18-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec.21-1951	Everett Cemetery	Everett, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 18, 1951	Winter R. Lantz, M.D.	Charles L. George	Charles L. George, Cumberland, Md

720-826

VS. A15A

Within corporate limits DR. SIMONS

12645

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-4

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 26 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND Rural
STREET ADDRESS (If rural, give location) ROUTE #6 ROBERTS PLACE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNA	M	KOOSER		3	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	8/13/1911	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME DAVID LEWIS
14. MOTHER'S MAIDEN NAME MATTIE JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aspiration Pneumonia & Atelectasis
176K Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Prostate
490 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1951, to 12/4/51, 1951, that I last saw the deceased alive on 12/4/51, 1951, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS DATE SIGNED 12/3/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 6, 1951	Westview Memorial Park	Westview, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 4, 1951	Wintes R. Hantz, M.D.	Lafferd Funeral Home	Westview, Maryland

11646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 9 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) McCLELLAN (Last) LASHLEY

4. DATE OF DEATH: (Month) Dec. (Day) 12, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 12-11-1893

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Harpers Ferry, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Norris

14. MOTHER'S MAIDEN NAME: Sarah Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Benjamin Lashley, Mt. Savage, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetes Coma — Interval between onset and death: 2 days

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Diabetes — Don't Know

61 (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1951, to Dec 12, 1951, that I last saw the deceased alive on Dec 12, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edan G. Murray M.D. Cumberland Dec

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/15/51

NAME OF CEMETERY OR CREMATORY: Methodist Cemetery

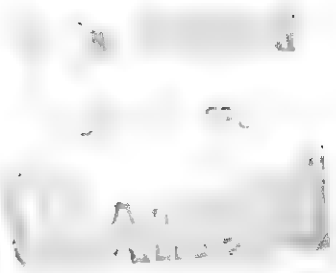
LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REG.: Dec. 12, 1951

REGISTRAR'S SIGNATURE: Winter R. Hartz, M.D.

24. FUNERAL DIRECTOR: J. R. Durst, ADDRESS: Frostburg, Md.

VS. A15



Within corporate limits

11647

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 43 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 207 Maryland Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leo	Edward	Leasure	Dec.	7	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	Aug. 30-1908	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction	Cumberland, Md.	U.S.A.

13. FATHER'S NAME: John Leasure

14. MOTHER'S MAIDEN NAME: Sarah Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	213-12-9298	sister) Ada Wertz, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Jacksonian Epilepsy	about 15 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Neuro syphilis	several years.
30y (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural couses ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H. V. Deming M.D.	Cumberland, Md.	Dec. 7-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/10/51	Evergreen Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 10, 1951	Walter K. Dantz, M.D.	Louis Stein, Inc.	Cumberland, Md.

70-50k

VS-A15A

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 206 Grand Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 206 Grand Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Logsdon

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 30 1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Signal maintanance

10b. KIND OF BUSINESS OR INDUSTRY: B & O RR.

11. BIRTHPLACE (State or foreign country): Pattersons Creek W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Logsdon

14. MOTHER'S MAIDEN NAME: Margaret Alkire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-09-4841

17. INFORMANT AND ADDRESS: Mrs. Nellie Logsdon, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Congestion — Interval between onset and death: 24 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial Infarction — 4 years

(c) Coronary Atherosclerosis — Unknown

11: 1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Cardiovascular Renal Disease — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 19 51, to Dec 24, 19 51, that I last saw the deceased alive on Dec 24, 19 51, and that death occurred at 4 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Albert Rees MD — ADDRESS: 9 W Washington St Cumberland Md — DATE SIGNED: Dec 27 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/27/1951 — NAME OF CEMETERY OR CREMATORY: Hill Crest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec. 27, 1951 — REGISTRAR'S SIGNATURE: Wm. L. Lantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight, Cumberland, Md. — ADDRESS

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

1649

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland, [redacted]; MARYLAND; LENGTH OF STAY (In this place) 52 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival at the Memorial Hospital.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 620 Montreal Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	James	Richard	Long	Dec.	25	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	married	March 3-1899	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carman	B.&O.R.Ry.	Cumb rland,Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Long	Nancy Mc Ginnis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	705-05-7725	Wife-

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock, Intra-abdominal hemorrhage due to a	1 hr.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) crushed pelvis, also had a compound comminuted	
170 C	(c) fracture of left lower leg & 3" scalp lacer-tion.	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 51	(CITY OR TOWN) near- Cumberland	(COUNTY) Allegany	(STATE) Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 25/51 P. m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Walking on the road and was hit by an automobile.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D.	H.V.Deming M.D.	Cumberland.Md.	Dec.26-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-28-51	Mt Herman Cem	Cumberland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 26, 1951	Walter R. Beatty, M.D.	James L. Stagelli	

VS. A15A

Within corporate limits

11650

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D.#2 Friendsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jefferson (Middle) A. (Last) Loudermilk

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 18-1870

9. AGE last birthday: 81 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own. farm Farming

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Loudermilk

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Memorial Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subdural hematoma with maceration of the — Interval between onset and death: 2 days

902.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) brain.

186a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis — ?

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☒ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road | (CITY OR TOWN) Friendsville | (COUNTY) Garrett | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 15/51-noon | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Fell off of a horse landing on his head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H. V. Deming M.D. Cumberland, Md. Dec. 17-1951

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF Dec 20 51 | NAME OF CEMETERY OR CREMATORY Friendsville Cemetery | LOCATION (City, town or county) Friendsville, Garrett Co. | (State) Md.

DATE REC'D BY LOCAL REG. Dec. 18, 1951 | REGISTRAR'S SIGNATURE Winter R. Hantz, M.D. | 24. FUNERAL DIRECTOR E. G. Harned, F. Home | ADDRESS Friendsville

W. Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-41 (Rev. 1-51)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg | LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural give location) 86 Oak Street

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) CLARK (Last) McCULLOH
4. DATE OF DEATH: (Month) Dec. (Day) 17, (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 4-27-1885
9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired custodian
10b. KIND OF BUSINESS OR INDUSTRY: Eagles Club
11. BIRTHPLACE (State or foreign country): Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. McCulloh
14. MOTHER'S MAIDEN NAME: Verlinda Berkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-05-8616
17. INFORMANT: Mrs. Sam McCulloh, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Carcinomatosis — 6 mo

177 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
51 b (b) Carcinoma Prostate — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Prostate
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1951, to Dec 17, 1951, that I last saw the deceased alive on Dec 16, 1951, and that death occurred at 1:50A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W.O.M.C Lane MD Frostburg Md 12-18-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-19-1951
NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park
LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 12-19-51
REGISTRAR'S SIGNATURE: Mrs Nancy A Roe
24. FUNERAL DIRECTOR: J. R. Durst, ADDRESS: Frostburg, Md.

12-18-51

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DEC
BU J V. S.

Item 9 FilmG138 1/14/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give name of town) OR TOWN Rural- Cumberland
LENGTH OF STAY (In this place) 11mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williams Road - R 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Cumberland
STREET ADDRESS (If rural, give location) Williams Road- Rt.2

3. NAME OF DECEASED (Type or Print): (First) Cecelia (Middle) Bell (Last) Miller

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 5, 1878

9. AGE Last Birthday: 73 yrs. If Under 1 year: Months ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): St.George,Tucker Co.,W.Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Thomas Spencer

14. MOTHER'S MAIDEN NAME: Arminda Hebb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John T. Miller,Rt.2,Cumberland,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis acute decompensation	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	
	(c) Arteriosclerosis	

42d.1 a

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 46., to Dec ....., 1951., that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 12Midnight, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Keyser W.Va. 12-22-51

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE OF THEREOF 12/26/51 | NAME OF CEMETERY OR CREMATORY Bayard Cemetery | LOCATION (City, town, or county) (State) Bayard,Grant Co.,W.Va.

DATE REC'D BY LOCAL REG. Dec 23,1951 | REGISTRAR'S SIGNATURE Winter R. Hantz, M.D. | 24. FUNERAL DIRECTOR ADDRESS Otha F. Sharpless, Blaine, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 West Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 82 West Main St.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Elizabeth (Last) Monahan
4. DATE OF DEATH (Month) (Day) (Year): 12 - 24 - 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3/10/1895
9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Frostburg Md.
12. CITIZEN OF WHAT COUNTRY? U. S. a.

13. FATHER'S NAME: Edgar Michaels
14. MOTHER'S MAIDEN NAME: Michaels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: William Monahan, 82 W Main Frostburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) congestive heart failure — 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocarditis — 6 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hyperthyroidism — 2

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 49, to Dec, 19 51, that I last saw the deceased alive on Dec 24, 19 51, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Adolf Wolfsmann M.D. | Frostburg | 12-26-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-27-51 | NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery | LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 12-27-51 | REGISTRAR'S SIGNATURE Mrs Nancy K. Roe | 24. FUNERAL DIRECTOR Jacob Hafer | ADDRESS 23 E. Main, Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (In Hospital): 6th Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
STREET ADDRESS (If rural, give location): Jackson, St.

3. NAME OF DECEASED (Type or Print): (First) Dolly (Middle) (Last) Nicols

4. DATE OF DEATH: (Month) Dec, (Day) 27, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July, 7, 1898

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Barton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Simons

14. MOTHER'S MAIDEN NAME: Alice Fazenbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: James Andrew Nicols (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	7 hrs.
4 4 3 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 13d	(b) Hypertensive Cardiovascular disease	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 1951, to 27 Dec, 1951, that I last saw the deceased alive on 27 Dec, 1951, and that death occurred at 6 00 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John B. Davis	M.D.	Frostburg, Md.	12/29/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec, 30, 1951	Oak Hill Cemetery	Lonaconing, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-29-51	Mrs Nancy N. Roe	M. Eichhorn	Lonaconing, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
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BUREAU V. S

Within corporate limits

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 20 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barrelville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Norris
4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 30 1876
9. AGE: Last Birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist (Stove)
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Sandy Fork, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Norris
14. MOTHER'S MAIDEN NAME: Rebecca Poston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Joyce Norris, Pittsburgh, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Nephritis	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Stricture of urethra	3 years
30a	(c) Cystitis, Pyelitis	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelitis, Pneumonia (Tuberculosis) bladder 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Not performed
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1951, to Dec 1st 51, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: R. W. Strackbein, A.M. M.D. (Degree or title) ADDRESS: Cumberland, Md. DATE SIGNED: 12/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 5 1951
NAME OF CEMETERY OR CREMATORY: Methodist Cemetery
LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REG.: Dec. 5, 1951
REGISTRAR'S SIGNATURE: Winter K. Hantz, M.D.
24. FUNERAL DIRECTOR: William H. Kight ADDRESS: Cumberland, Md.

5-14-52

Item 18 Film G139 2-8-52 ams

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 625 Bedford St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 625 Bedford St.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Clay (Last) O'Neal

4. DATE OF DEATH: (Month) December (Day) 7 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-18-1886

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Gas Station

11. BIRTHPLACE (State or foreign country): Bedford Co., Penna.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frederick O'Neal

14. MOTHER'S MAIDEN NAME: Harriet Lashley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-16-4187

17. INFORMANT AND ADDRESS: Mrs. Helen O'Neal Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bladder cancer - non malignant	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19X
562

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7/51, to 12/7/51, that I last saw the deceased alive on 12/7/51, and that death occurred at 1:40 P m., from the causes and on the date stated above.

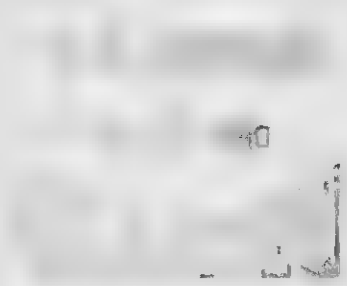
SIGNATURE (Degree or title): George M. Norman, M.D. ADDRESS: 41 [illegible] DATE SIGNED: 12/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-10-1951 — NAME OF CEMETERY OR CREMATORY: Pleasant Grove Cem. — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec. 10, 1951 — REGISTRAR'S SIGNATURE: Walter L. Lantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Charles L. George Cumberland, Md.

4-21-6-58



1056

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 150 Polk St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 150 Polk St.

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) M. (Last) O'Neil

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Dec 7 1884

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Swankhaus

14. MOTHER'S MAIDEN NAME: Katherine Schindler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Anne Swankhaus Cumb'd Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

INTERVAL BETWEEN ONSET AND DEATH: 12-3-51

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4-51, 19..., to 12-7-51, 19..., that I last saw the deceased alive on 12-6-51, and that death occurred at 6:10A m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) C. E. Lumbermann ADDRESS DATE SIGNED

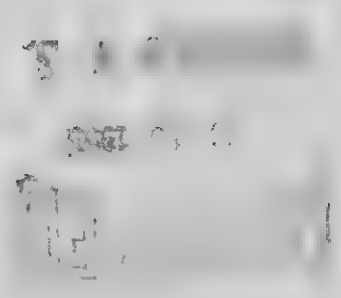
23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/10/51 | NAME OF CEMETERY OR CREMATORY: St. Patrick Cemetery | LOCATION (City, town, or county): Cumberland, (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 10, 1951 | REGISTRAR'S SIGNATURE: Clarke K. Hanly, M.D. | 24. FUNERAL DIRECTOR: Louis Stein Inc | ADDRESS: Cumb'd Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Within corporate limits

DR. DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (In this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 117 OFFUTT STREET

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) HERMAN (Last) OSTER
4. DATE OF DEATH: (Month) 12- (Day) 19 (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 1-4-1935
9. AGE last birthday: 16 YRS. yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HERMAN V. OSTER
14. MOTHER'S MAIDEN NAME: RUBY, KATHERINE S.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia — 3 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
4228 (b) Myocarditis — 3 mon.
9360 (c) Dystrophy of Bladder — Congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17/51, 19 57, to 12/19/51, 19 57, that I last saw the deceased alive on 12/19/51, 19 51, and that death occurred at 9:08 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clay F. Durrett M.D. Cumberland 12/21/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12/22/51 — NAME OF CEMETERY OR CREMATORY Beans Cove Meth. — LOCATION (City, town, or county) (State) Beans Cove Pa.

DATE REC'D BY LOCAL REG. Dec. 22, 1951 — REGISTRAR'S SIGNATURE Walter K. Marx, M.D. — 24. FUNERAL DIRECTOR John J. Hafer — ADDRESS Cumberland Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. MTRKTN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1185.1

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 5DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL
STATE: MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KITZMILLER
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) WILLIAM (Last) OWENS

4. DATE OF DEATH (Month) DEC (Day) 13 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 20, 1899

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER

10b. KIND OF BUSINESS OR INDUSTRY: SELF-EMPLOYED

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA, Shaw

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH OWENS, Lindsay

14. MOTHER'S MAIDEN NAME: ADAMS, Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation obstruction of ileum due to old post-op adhesions — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

57 S 12 22 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Strang. obstruct. of ileum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 12/13, 19 51, that I last saw the deceased alive on 12/13, 19 51, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. 115 So. Centre St. 12/13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 16 1951
NAME OF CEMETERY OR CREMATORY: Philos Cemetery
LOCATION (City, town, or county) (State): Westernport, Md.

DATE REC'D BY LOCAL REG.: Dec 14, 1951
REGISTRAR'S SIGNATURE: Walter K. Kantz, MD

24. FUNERAL DIRECTOR: O. F. Sharpless, ADDRESS: Blaine, W. Va.

VS/A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11660

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.-M5

1. PLACE OF DEATH: COUNTY Allegany; STATE Md.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Front Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Klondyke Bch 138; STREET ADDRESS (If rural, give location) R. 2 Box 1 Frostburg

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) Lee (Last) Patterson

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-28-1889

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Elkins, W. Va.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: Adam Patterson

14. MOTHER'S MAIDEN NAME: Christina Ann Virtue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-09-6446

17. INFORMANT AND ADDRESS: Mrs Viola Tall, 33 Front Ave. Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE	4 DAYS
42.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 2d	(b) CEREBRAL THROMBOSIS	7 DAYS
	(c) VALVULAR HEART DISEASE	at least 3 YRS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NONE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): NONE (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 1950, to 12/21, 1951, that I last saw the deceased alive on 12/21, 1951, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Martin L. Tolbert M.D. 48 Broadway Frostburg 12/22/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12-24-1951

NAME OF CEMETERY OR CREMATORY: Frostburg Mem. Park

LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 12-23-51

REGISTRAR'S SIGNATURE: Mrs Nancy N. Roberts

24. FUNERAL DIRECTOR: Jacob Hafer

ADDRESS: Frostburg, Md.

O-214

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; MARYLAND; LENGTH OF STAY (in this place) 17 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 28 Bedford Street

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Earl (Last) Perkins, Jr

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1951

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 15, 1951

9. AGE last birthday: yrs. If under 1 year: Months 0, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward E. Perkins, Sr.

14. MOTHER'S MAIDEN NAME: Barbara E. Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Barbara E. Perkins,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Enteritis - Enteritis — Interval Between Onset and Death: 5 days

764 0 Antecedent cause (b) None

119 a (c)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1951, to Dec. 2, 1951, that I last saw the deceased alive on Dec. 1, 1951, and that death occurred at 3:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

B. M. Schindler MD 41 Emerson Cumberland, Md 12/3/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 4, 1951

NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery

LOCATION (City, town, or county) (State): Cincinnati, Ohio

DATE REC'D BY LOCAL REG.: Dec. 3, 1951

REGISTRAR'S SIGNATURE: Winter K. Manty, M.D.

24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 158 W. Bryan St.

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) (Last) Sullivan
4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 19 51

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec. 26-1865
9. AGE last birthday: 85 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: (None) Home
11. BIRTHPLACE (State or foreign country): Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Spitznas
14. MOTHER'S MAIDEN NAME: Catherine Lambt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: 160 Armand St. Mrs. Frank Spitznas Frostburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility - general debility — Interval between onset and death: 3 months

774 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis deformans — 10 years; Fracture at hip — 6 yrs ago

19a. DATE OF OPERATION: ____ 19b. MAJOR FINDINGS OF OPERATION: ____ 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) ____ m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12 1951, to 12/1/51, that I last saw the deceased alive on 12/1/51, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE: H. Jan Walters (Degree or title) MD — ADDRESS: Frostburg — DATE SIGNED: 12/4/51

BURIAL / CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 12-4-1951 — NAME OF CEMETERY OR CREMATORY: Frostburg Mem. — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 12-4-51 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe — 24. FUNERAL DIRECTOR — ADDRESS: Jacob Hess, Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (In this place) Entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 84 Bowery St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 84 Bowery St.

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) C. (Last) Plummer Jr.

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 7-27-1951

9. AGE last birthday: yrs. — If under 1 year: Months 4 Days 21 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frostburg Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harold C. Plummer

14. MOTHER'S MAIDEN NAME: Nellie B. Masterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Harold C. Plummer Jr. 84 Bowery Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myelomeningocele (Congenital) — Interval between onset and death: 4 hrs 21 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

751X

157m

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/27 1951, to 12/18 1951, that I last saw the deceased alive on 11/12 1951, and that death occurred at 6:00 A m., from the causes and on the date stated above.

SIGNATURE: Frida Vanderburg (Degree or title) MD ADDRESS: Frostburg, Maryland DATE SIGNED: Dec. 19, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-19-1951 — NAME OF CEMETERY OR CREMATORY: Frostburg Mem. Park — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 12-19-51 — REGISTRAR'S SIGNATURE: Mrs. Nancy N. Poe

24. FUNERAL DIRECTOR: Jacob Hafer — ADDRESS: Frostburg, Md.

207731 M 1406

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

52364

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 700 Washington St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Presley

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Worker

10b. KIND OF BUSINESS OR INDUSTRY: Private homes

11. BIRTHPLACE (State or foreign country): Cuba

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Allegany Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Lung — Interval Between Onset and Death: 3 mo.

163 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

471

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Dec 21, 1951, that I last saw the deceased alive on Dec 21 - 51, 19..., and that death occurred at 7:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/26/1951 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec 26, 1951 — REGISTRAR'S SIGNATURE: Hunter R. Grant M.D.

24. FUNERAL DIRECTOR: William H. Kight, — ADDRESS: Cumberland, Md.

Within corporate limits

11665

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — MARYLAND — LENGTH OF STAY (in this place) 19 months — HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Columbia St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — STREET ADDRESS (If rural, give location) 309 Columbia St

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) Colley (Last) Purgitt

4. DATE OF DEATH (Month) Dec (Day) 13 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 30 1868

9. AGE last birthday 83 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car inspector

10b. KIND OF BUSINESS OR INDUSTRY B & O R.R.

11. BIRTHPLACE (State or foreign country) Purgittsville, West Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Purgitt

14. MOTHER'S MAIDEN NAME Amelia L Statton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Herman Rotruck — Son in law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 2 hrs

420.1 Antecedent cause(s) (b) Hypertensive Heart disease — Interval: Dont - years

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Nephritis — Interval: 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility - Old age — Interval: 1 week

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Dec 13 1951, that I last saw the deceased alive on Dec 13, 1951, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fillmore L. Munn, M.D. — ADDRESS Cumberland — DATE SIGNED Dec 14 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Dec. 16, 1951 — NAME OF CEMETERY OR CREMATORY Queens Point Cemetery — LOCATION (City, town, or county) Keyser, West Virginia (State)

DATE REC'D BY LOCAL REG. Dec. 14, 1951 — REGISTRAR'S SIGNATURE Miles L. Clark, M.D. — 24. FUNERAL DIRECTOR J. H. Markwood Sons, Keyser W. Va. — ADDRESS

VS. A15 7/51

DR. TOPPER

11666

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMERLAND,
LENGTH OF STAY (in this place): 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORTAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: PENNA. COUNTY: Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HYNDMAN
STREET ADDRESS (If rural, give location): FIRST AVENUE

3. NAME OF DECEASED (Type or Print): (First) ALONZA (Middle) A (Last) RANKER

4. DATE OF DEATH (Month) (Day) (Year): DEC. 30 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 22 1889

9. AGE last birthday: 62 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: Western Maryland Railway

11. BIRTHPLACE (State or foreign country): PENNA. Buffalo Mills

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: CHRISTOPHER RANKER

14. MOTHER'S MAIDEN NAME: Lucia CLITES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 174-18-1889

17. INFORMANT AND ADDRESS: MEMORTAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Hypertensive Vascular Disease — Interval Between Onset and Death: 2 yrs.

443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Dec 30 1951, that I last saw the deceased alive on Dec 30, 1951, and that death occurred at 6:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John. G. Topper MD ADDRESS: Hyndman Pa DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 2, 1952

NAME OF CEMETERY OR CREMATORY: Lybarger Cemetery

LOCATION (City, town, or county) (State): Hyndman, Pa. R.D.

DATE REC'D BY LOCAL REG.: Jan. 1, 1952

REGISTRAR'S SIGNATURE: Winter K. Hantz, M.D.

24. FUNERAL DIRECTOR: Harvey N. Zeigler,

ADDRESS: Hyndman, Pa

VS. A1b

11667

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Keyser, W.Va.
LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Danville, Md. Rt.3 Keyser, W.Va.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Keyser, W.Va.
STREET ADDRESS (If rural, give location): Danville, Md. R.F.D. #3 Keyser, W.Va.

3. NAME OF DECEASED (Type or Print): (First) Roland (Middle) Dayton (Last) Ravenscroft

4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 12-1879

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owned

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Allegany Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ronald D. Ravenscroft

14. MOTHER'S MAIDEN NAME: Martha McGowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Eddie W. Ravenscroft, Rt. #3 Keyser W.Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular-renal disease — Interval between onset and death: over 1 yr.

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1310 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes *, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Jan. 2-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Jan. 3, 1952 | REGISTRAR'S SIGNATURE M.J. Saunders

24. FUNERAL DIRECTOR John J. Hafer, Cumberland, Md ADDRESS

11668

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 173 Cumberland St

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Rosalee (Last) Reid

4. DATE OF DEATH: (Month) Dec (Day) 18 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 10 1893
9. AGE last birthday: 58 yrs.
If under 1 year: Months; Days
If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Cumberland Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jacob W. McLaughlin
14. MOTHER'S MAIDEN NAME: Margaret Knepper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: R. Paul Reid, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 9 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
3a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Dec., 19 51, to 18 Dec., 19 51, that I last saw the deceased alive on 18 Dec., 19 51, and that death occurred at 7.25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Alfred Van Orna
ADDRESS: Cumberland, Md.
DATE SIGNED: 20 Dec. 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 21 51
NAME OF CEMETERY OR CREMATORY: Rose Hill Cem
LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: Dec. 20, 1951
REGISTRAR'S SIGNATURE: Walter K. Hantz, M.D.
24. FUNERAL DIRECTOR: Louis Stein Inc
ADDRESS: 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie; LENGTH OF STAY in this place 59 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) (Last) Reighard

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 29, 1864

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Solomon Buman

14. MOTHER'S MAIDEN NAME: Catherine Bruner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Norman Miller, Ellerslie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Arteriosclerotic Cardio-Vascular Renal Disease — Interval Between Onset and Death: 15 yrs.

142.X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 40, to Dec 19 51, that I last saw the deceased alive on Dec 19 51, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John A Topper MD Hyndman Pa 12/21/51

23. BURIAL CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec 22, 1951

NAME OF CEMETERY OR CREMATORY: Pleasant Valley Cemetery

LOCATION (City, town, or county) (State): Bedford, Pa. RD 1

DATE REC'D BY LOCAL REG.: 12-24-51

REGISTRAR'S SIGNATURE: J. Lloyd Wolfe

24. FUNERAL DIRECTOR: Harvey N. Zeigler

ADDRESS: Hyndman, Pa.

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

11670

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; LENGTH OF STAY (in this place) 9 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; STREET ADDRESS (If rural, give location) 44 SOUTH STREET

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FLORENCE		RICE	12	28	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	9/20/1868	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	PENNSYLVANIA Hyndman	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT DE VORE	Margaret Devore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	MEMORIAL HOSPITAL, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Few
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Arteriosclerosis	5 yr
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 20, 1951, to Dec 28, 1951, that I last saw the deceased alive on Dec. 26, 1951, and that death occurred at 1:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clark Lamott M.D. Cumberland 12/29/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 31 1951	Rose Hill Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 31, 1951	Walter L. Hartz, M.D.	William H. Kight,	Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cumberland, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. #2 Baltimore Pike

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cumberland, Rural
STREET ADDRESS (If rural, give location) Baltimore Pike, R.F.D. #2

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) ROBERT (Last) RICE

4. DATE OF DEATH: (Month) Dec. (Day) 16, (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 10, 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired freight agent

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Rwy.

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Rice

14. MOTHER'S MAIDEN NAME: Cora Golden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO. (If year, give war or dates of service): 205-03-4897

17. INFORMANT AND ADDRESS: Miss Rosemary C. Rice Rt. 2 Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal obstruction due to duodenal diverticulum	12-7-51
Antecedent cause(s) 570.5		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 122.1	(b) toxemia	12-11-51
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4, 1949, to 12-16, 1951 that I last saw the deceased alive on 12-16, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. C. Zimmerman M.D. ADDRESS Cumberland Md. DATE SIGNED 12-18-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE Dec. 19, 1951 NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. Dec. 18, 1951 REGISTRAR'S SIGNATURE Winter R. Dantz, M.D.

24. FUNERAL DIRECTOR Charles L. George ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] of age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. AIR

11672

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland | LENGTH OF STAY (in this place): 2.1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Co. Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 157 Polk Street

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Catherine (Last) Robb
4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 1951

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: Aug 12 1870
9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House
10b. KIND OF BUSINESS OR INDUSTRY: House Duty
11. BIRTHPLACE (State or foreign country): Frostburg Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Robb
14. MOTHER'S MAIDEN NAME: Sarah Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. George Biddington, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis due to — 2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of left femur Dec. 11/51 — 3 days
(c) arteriosclerosis & senility. — ?

960.0 1951

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Co. Infirmary (CITY OR TOWN): Cumberland (COUNTY): Allegany (STATE): Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: Dec. 11/51 P. m.
INJURY OCCURRED: While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Perhaps, (?) Twisted body in bed & Fractured leg. sometime during the night

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined __.*

SIGNATURE (Degree or title): H. V. Deming M.D. — ADDRESS: H. V. Deming M.D. Cumberland, Md. — DATE SIGNED: Dec. 15-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec 17 1951 | NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park | LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: Dec. 17, 1951 | REGISTRAR'S SIGNATURE: Wirtes R. Frantz, M.D. | 24. FUNERAL DIRECTOR: William H. Kight | ADDRESS: Cumberland, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11673

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]; please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (In this place) 7 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg, Maryland
STREET ADDRESS (If rural, give location) 270 E. Main Street

3. NAME OF DECEASED (Type or Print): (First) LAVINA (Middle) Rebecca (Last) Robinette
4. DATE OF DEATH (Month) December (Day) 12 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	June 12, 1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Own Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Hanse Hamilton
14. MOTHER'S MAIDEN NAME: Louisa Twigg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: 3406 Harford Rd. Mrs. Etta Bagent. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	Several wks.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile Debility	Several months
	(c) Stomatitis	10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. High Blood Pressure

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1951, to Dec 12 1951, that I last saw the deceased alive on Dec 11, 1951, and that death occurred at 2.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
[illegible] Murray, M.D. Cumberland, Md. 12/14

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 14, 1951	Greenmount Cemetery	Cumberland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 14, 1951	Wendell K. Beatty, M.D.	John J. Hafer	Cumberland, Md.

RECEIVED
DEC 19 1951
BUREAU V. S.

11674

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Bayne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) 163 Maple St

3. NAME OF DECEASED (Type or Print): (First) Daisy (Middle) Belle (Last) Dodds

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-2-1888

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Eckhart Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Helsom

14. MOTHER'S MAIDEN NAME: Rose Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Rte 2. Mrs. Wm. Engle, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HEPATITIS - CHRONIC - YELLOW ATROPHY ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CAUSE UNDETERMINED

(c)

571.0 / 124 -

INTERVAL BETWEEN ONSET AND DEATH: 5½ months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION - MODERATE — 2 YEARS

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1951, to 12/9, 1951, that I last saw the deceased alive on 12/9, 1951, and that death occurred at 6.05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Rothstein M.D. ADDRESS 48 BROADWAY - FROSTBURG - MD. DATE SIGNED 12/11/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12-12-1951

NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park

LOCATION (City, town, or county) Frostburg (State) Md.

DATE REC'D BY LOCAL REG. 12-12-51

REGISTRAR'S SIGNATURE Mrs. Harvey N. Roe

24. FUNERAL DIRECTOR Jacob Hayes, ADDRESS Frostburg, Md.

...corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1175

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellerslie, Rural
STREET ADDRESS (If rural, give location) RFD 1, [illegible] Road

3. NAME OF DECEASED (Type or Print): (First) Regina (Middle) Pearl (Last) Ruppenkamp

4. DATE OF DEATH: (Month) Dec. (Day) 2 (Year) 19[illegible]

5. SEX: [illegible]

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: [illegible] yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Joseph A. Rup[illegible], RFD 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	12 hrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Chronic Myocarditis	3 yrs.
	(c) Bronchial Asthma	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) Cumberland (COUNTY) Alleg. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/10/51, 19..... to 12/3/51, 19....., that I last saw the deceased alive on 12/3/51 19....., and that death occurred at ..... 11[illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Cumberland Md. DATE SIGNED 12/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] | DATE THEREOF [illegible] | NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. Dec. 4, 1951 | REGISTRAR'S SIGNATURE Winter K. Dantz, M.D.

24. FUNERAL DIRECTOR: James F. Scarcelli, ADDRESS Cumberland Md.

Within corporate limits:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Decatur St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 101 Decatur St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Conrad (Last) Schlunt

4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Married

8. DATE OF BIRTH: May 23 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Agent (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Schlunt

14. MOTHER'S MAIDEN NAME: Catherine Rohrbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-12-8773

17. INFORMANT AND ADDRESS: Mrs Alma Hartman Schlunt - Cumb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage. — Interval between onset and death: 2 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 2 yrs

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1951, to Dec 1, 1951, that I last saw the deceased alive on Nov 30, 1951, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. W. Trostle Jr, M.D. ADDRESS: Cumberland DATE SIGNED: 12/3/51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried; DATE THEREOF: 12/4/51; NAME OF CEMETERY OR CREMATORY: Hillcrest Cem.; LOCATION (City, town, or county): Cumberland (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 4, 1951; REGISTRAR'S SIGNATURE: Walter K. Mantz, M.D.

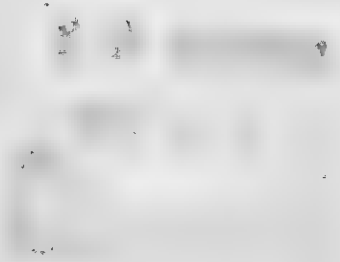
24. FUNERAL DIRECTOR: Louis Stein Jos ADDRESS: Cumberland

496-844

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1677

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 15 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 227 Elder Street

3. NAME OF DECEASED (Type or Print): (First) John; (Middle) H.; (Last) Smith

4. DATE OF DEATH: (Month) Dec.; (Day) 24; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: [illegible] yrs.; If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Smith

14. MOTHER'S MAIDEN NAME: Ida Mellott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocarditis — 3 yrs

(c) Cerebral Haemorrhage Dy 24 — 2 hrs 15 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 10, 1951, to Dec. 24, 1951, that I last saw the deceased alive on Dec. 24, 1951, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. ADDRESS: Cumberland DATE SIGNED: 12/27/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 27, 1951 — NAME OF CEMETERY OR CREMATORY: Willerest — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec. 27, 1951 — REGISTRAR'S SIGNATURE: Walter L. Dantz, M.D.

24. FUNERAL DIRECTOR: James F. Cerielli, Cumberland, Md. ADDRESS

VS. A15

DR. HODGES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1678

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD. — LENGTH OF STAY (in this place) 42 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA — COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BUFFALO MILLS
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOIS	C	SMITH	DEC.	24	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	JAN. 26 1930	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Retail Store	PENNSYLVANIA	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WALTER DENENN	ESTHER BAER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Lost	MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic cardiac insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease

(c)

Interval between onset and death: 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NOV 16 51	Pan hysterectomy.	Yes ☐ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 24, 19 51, to Dec. 24, 19 51, that I last saw the deceased alive on Dec. 24, 19 51, and that death occurred at 9:10 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Cumberland, Md. DATE SIGNED 12/24/51

23. BURIAL, CREMATION, REMOVAL Burial	DATE THEREOF 12.27.1951	NAME OF CEMETERY OR CREMATORY Madley Lutheran Cemetery	LOCATION (City, town, or county) (State) Hyndman, Pa. RD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 26, 1951	Walter L. Hantz, M.D.	Harvey H. Zeigler, Hyndman, Pa.	

VS. A15 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 45 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 417 Grand Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 417 Grand Ave

3. NAME OF DECEASED (Type or Print): (First) Almira (Middle) Jane (Last) Snyder
4. DATE OF DEATH: (Month) Dec (Day) 10 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 6 1871
9. AGE last birthday: 80 Yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Masontown, Preston Co, W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Boyd Cobun
14. MOTHER'S MAIDEN NAME: Jane Hartley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. David Allender, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 3 days

5-52X 1-53X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis — 1 Yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis. — 6 Months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1951, to December 10, 1951; that I last saw the deceased alive on Dec. 10, 1951, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Conrhea M.D. Dec. 11, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec 15 1951
NAME OF CEMETERY OR CREMATORY: Masontown Cemetery
LOCATION (City, town, or county) (State): Masontown, Preston Co, W. Va.

DATE REC'D BY LOCAL REG.: Dec. 12, 1951
REGISTRAR'S SIGNATURE: Winton K. Dantz, M.D.
24. FUNERAL DIRECTOR: William H. Kight
ADDRESS: Cumberland, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barrelsville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barrelsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Wenona (Middle) (Last) Snyder

4. DATE OF DEATH (Month) (Day) (Year) 12.21.1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 3.21.1911

9. AGE last birthday 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gilbert Haines

14. MOTHER'S MAIDEN NAME Olive Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Earl L. Snyder, Barrelsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Myocarditis	7 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Rheumatic Fever	24 yrs.
	(c)	Mitral Stenosis	24 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to 12-21-, 1951, that I last saw the deceased alive on 12-20, 1951, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William E. Manley	M.D.	Mt Savage Md.	Dec. 22-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12.24.1951	St. George Episcopal	Mt. Savage, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-23-51	Vernina McDermott	Harvey A. Zeigler, Hyndman Pa.	

VS. 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11681

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH:

COUNTY: Allegany — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Frostburg

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Allegany

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg

STREET ADDRESS (If rural, give location): 118 Maple St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
JOHN	CHARLES	SPINDLER	Dec. 31, 19 51

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married	3-1-1884	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
retired minister		Oakland, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Spindler	Mary Feik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	219-14-7147	Mrs. John Spindler, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Chronic Myocarditis — Interval between onset and death: 6 years

422.2

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

921 (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1947, 19..., to Dec 31, 1951, that I last saw the deceased alive on Dec 31, 1951, and that death occurred at 5:05 p.m., from the causes and on the date stated above.

SIGNATURE: Wm McLane MD — (DEGREE OR TITLE) ADDRESS: Frostburg Md — DATE SIGNED: 1-2-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-3-52	F'bg. Memorial Park	Frostburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-3-52	Mrs. Nancy N Roe	J. R. Durst,	Frostburg, Md.

Within corporate limits

Dr Porter

1102

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 628 Yale St.	STREET ADDRESS (If rural, give location) 628 Yale St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	Eugene	Stewart	Dec. 22, 19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days / Hours / Min.
Male	White	Married	4-1-1902	49 yrs.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Trucker Fire Dept.	Fire Co.	Polish Mt. Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Stewart	Amanda Diehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	214-07-0166	Mrs. Hilda Stewart Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction	3 hours
420 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary occlusion	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 21 Dec., 1951, to 22 Dec., 1951, that I last saw the deceased alive on 22 Dec., 1951, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Oliver Cobb Rock, M.D.	202 Virginia Avenue, Cumb., Md.	12/24/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-24-1951	Mt. Herman Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 24, 1951	Wister K. Wantz, M.D.	Charles L. George	Cumberland, Md.

1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Greens Addition

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
STREET ADDRESS (If rural, give location): Greens Addition

3. NAME OF DECEASED (Type or Print): (First) ROGER (Middle) LEE (Last) SYMONS

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 51 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec 9, 1951

9. AGE last birthday: yrs. If under 1 year: Months, Days: 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Westernport, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James D. Symons

14. MOTHER'S MAIDEN NAME: Sarah Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: James D. Symons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ...s. other diseases of the heart, not specified

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

951 (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1951, to Dec. 12, 1951, that I last saw the deceased alive on Dec. 11, 1951, and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE: Paul R. Wilson (Degree or title) MD ADDRESS: Piedmont, W. Va. DATE SIGNED: Dec 12, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec 13, 51 | NAME OF CEMETERY OR CREMATORY: Laurel Hill Cem | LOCATION (City, town, or county) (State): Moscow, Maryland

DATE REC'D BY LOCAL REG.: Dec 14, 1951 | REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly | 24. FUNERAL DIRECTOR ADDRESS: E. S. Boal, Westernport, Maryland

10V091. 3/52 40S

RECEIVED
DEC 51
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ag... is especially important. Physicians: pl... write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 635 Shriver Ave

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 635 Shriver Ave

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) J. (Last) Taylor
4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Widowed
8. DATE OF BIRTH: Sept 8 1865
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Ft Sanger 2nd
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jeremiah Taylor
14. MOTHER'S MAIDEN NAME: Mary Diehl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT AND ADDRESS: Mrs R. L. Taylor Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, bilateral, etio. undet. — Interval Between Onset and Death: Unk.

527.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Emphysema, Chronic — unk.

109 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Dec, 1951, to 4 Dec, 1951, that I last saw the deceased alive on 4 Dec, 1951, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

SIGNATURE: Oliver Kelly Ford M.D. (Degree or title) — ADDRESS: 202 Virginia Ave. Cumberland Md. — DATE SIGNED: 12/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/7/51 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem — LOCATION (City, town, or county): Cumberland (State): Md

DATE REC'D BY LOCAL REG.: Dec 6, 1951 — REGISTRAR'S SIGNATURE: Walter K. Wantz, M.D. — 24. FUNERAL DIRECTOR: Louis Stein Inc — ADDRESS: " "

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Oldtown; STATE MARYLAND; LENGTH OF STAY (in this place) 35 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 1 Oldtown Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Oldtown; STREET ADDRESS (If rural, give location) Rt I Oldtown Md.

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) (Last) Peter

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 29 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Petersburg W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Hyre

14. MOTHER'S MAIDEN NAME: Susan Shobe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Clarence Peter, Rt I Oldtown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intra-cranial Hemorrhage — Interval Between Onset and Death: 24 Hrs

331X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Art. Sclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on 12-15-51, 19..., to ..., 19..., that I last saw the deceased alive on 12-18-51, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James S. Armstrong M.D. ADDRESS Fair Fair. W. Va DATE SIGNED 12-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 24, 1951 — NAME OF CEMETERY OR CREMATORY: Oldtown Methodist Cem. — LOCATION (City, town, or county) (State): Oldtown Md

DATE REC'D BY LOCAL REG. Dec. 24, 1951 — REGISTRAR'S SIGNATURE: Miss Sue C. Donovan

24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland Md.

Dr. R. J. Williams

11686

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 225 RaceStreet

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) W. (Last) Tharp
4. DATE OF DEATH: (Month) December (Day) 23 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/11/97
9. AGE last birthday: 54 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: B&O Railroad
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Tharp
14. MOTHER'S MAIDEN NAME: Jane Emerick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 205-09-2649
17. INFORMANT AND ADDRESS: Memorial Hospital, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 5 minutes

42 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
127a (b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis — 2 yrs.

19a. DATE OF OPERATION: 12/18/51
19b. MAJOR FINDINGS OF OPERATION: Cholecystitis & Cholelithiasis (chronic)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Cumberland — (COUNTY) Allegany — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15/51, 19..., to 12/23/51, 19..., that I last saw the deceased alive on 12/23/51, 19..., and that death occurred at 6:05 p.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): R. J. Williams, M.D. ADDRESS: Cumberland, Md. DATE SIGNED: 12/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12.26.1951
NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Dec. 26, 1951
REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR AND ADDRESS: Harvey A. Taylor Undertaker

591-506

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11687

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: Please write the uses of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; MARYLAND; LENGTH OF STAY (In this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural give location) 128 East Main Street,

3. NAME OF DECEASED (Type or Print): (First) Effie (Middle) Baker (Last) Thomas

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 6, 1867

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public school

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Baker

14. MOTHER'S MAIDEN NAME: Elizabeth Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Kear Hosken, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Myocarditis — Interval between onset and death: 10 mo

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arterio Sclerosis — Several years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐, No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1957, to Dec 6, 1957, that I last saw the deceased alive on Dec 5, 1957, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

SIGNATURE: Wm C Lane MD (Degree or title) ADDRESS: Frostburg Md DATE SIGNED: Dec 7 1957

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12-8-51; NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park; LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 12-8-57; REGISTRAR'S SIGNATURE: Miss Nancy N. Roe

24. FUNERAL DIRECTOR ADDRESS: J. R. Durst, Frostburg, Md.

VS: A15

RECEIVED
DEC 10 1951
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

11688

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 122 Humbird St.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) H. (Last) Trost

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 51

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 24-1874

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General-Self

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Simon Trost

14. MOTHER'S MAIDEN NAME: Annie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary embolism,	about 6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonitis (secondary)	4 days
	(c) Intertrochanteric fracture of right femur.	12 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Side walk
(CITY OR TOWN): Cumberland (COUNTY): Allegany (STATE): Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: Dec. 17/51 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Slipped on icy side walk, fell and fractured right leg.

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection *, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident *, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): H.V. Deming M.D. — ADDRESS: H.V. Deming M.D. Cumberland, Md. — DATE SIGNED: Dec. 29-1951

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Jan 2 1952 — NAME OF CEMETERY OR CREMATORY: St Peter & Lambert — LOCATION (City, town, or county): Cumberland — (State): Md.

DATE REC'D BY LOCAL REG.: Jan. 2, 1952 — REGISTRAR'S SIGNATURE: Winter K. Hartz, M.D. — 24. FUNERAL DIRECTOR: Louis Stein Inc — ADDRESS: Cumberland

VS. A15A

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11031

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; MARYLAND; LENGTH OF STAY (in this place) 60 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cumberland Rural; STREET ADDRESS (If rural, give location) Valley Rd Pt #3

3. NAME OF DECEASED (Type or Print): (First) Cecil; (Middle) Charles; (Last) Twigg

4. DATE OF DEATH: (Month) Dec; (Day) 3; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 18, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Tannery Worker

10b. KIND OF BUSINESS OR INDUSTRY: Beam Work

11. BIRTHPLACE (State or foreign country): Green Ridge, Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Moses Twigg

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Manuel Bobo - Pt #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Infirmities of old age	8 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senural arteriosclerosis	8 yrs
	(c)	

45 J.V. 97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1946, to Dec. 3, 1951, that I last saw the deceased alive on Dec. 2, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE: Louis F. Jones (Degree or title) M.D. ADDRESS 110 S. Centre St. DATE SIGNED Dec. 7, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec 6, 1951

NAME OF CEMETERY OR CREMATORY: Zion Memorial Park

LOCATION (City, town, or county) (State): Cumberland, Md

DATE REC'D BY LOCAL REG.: Dec. 6, 1951

REGISTRAR'S SIGNATURE: Wirter F. Hartz, M.D.

24. FUNERAL DIRECTOR: John J. Hofer ADDRESS Cumb, Md

Within corporate limits

(N)

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11596

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (In this place) 1.1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Health Center at the Pa. Ave. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 214 Mary St.

3. NAME OF DECEASED (Type or Print): (First) Ruby (Middle) Cecelia (Last) Viney

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 23-1908

9. AGE last birthday: 43 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ossie Hansrote

14. MOTHER'S MAIDEN NAME: Mary Virginia Maude Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: husband) Charles W. Viney, Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion due to	at once
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c)	

420.1
94 a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✱, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Dec. 6-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 8, 1951
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. Dec. 7, 1951
REGISTRAR'S SIGNATURE Winter K. Hartz, M.D.

24. FUNERAL DIRECTOR John J. Hafer
ADDRESS "

VS-AIBA

Within corporate limits: DR. ELIASON

MARYLAND STATE DEPARTMENT OF HEALTH

1691

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: ALLEGANY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JENNINGS
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) CATHERINE (Last) WILEY

4. DATE OF DEATH: (Month) DEC. (Day) 21, (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 12/11/1951

9. AGE last birthday: yrs. — If under 1 year: Months — Days: 9 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RANDALL C. WILEY

14. MOTHER'S MAIDEN NAME: MARY C. McMILLAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congenital atelectasis of Both Lung.	9 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) congenital stenosis Pyloric End of Stomach	9 days
	(c) Prematurity	9 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1951, to 12-21, 1951, that I last saw the deceased alive on 12-20, 1951, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE: N W Eliason M.D. (Degree or title) — ADDRESS: 126 Yeum St. Cumberland Md — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-24-51
NAME OF CEMETERY OR CREMATORY: Grantsville Cemetery
LOCATION (City, town, or county) (State): Grantsville, Maryland

DATE REC'D BY LOCAL REG.: Dec. 24, 1951
REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR — ADDRESS: Allen and Stribling Grantsville, Md

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 E. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg Md.
STREET ADDRESS (If rural, give location) 306 East Main Street

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Jacob (Last) Williams
4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1951
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 9-3-1868
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroader
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mt. Savage Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Williams
14. MOTHER'S MAIDEN NAME: Sarah Streets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 712-14-1666
17. INFORMANT AND ADDRESS: Mrs. Irene Ellerwin 306 E. Main Frostburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	4 hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Asthma	24 yrs.
940	(c) Hypertension	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24, 1951, to 12/30, 1951, that I last saw the deceased alive on 12/30, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE: H. E. Fatlow (Degree or title) M.D. ADDRESS: Frostburg Md DATE SIGNED: 12/31/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-2-52
NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park
LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 1-1-52
REGISTRAR'S SIGNATURE: Mrs. Nelly N. Poe
24. FUNERAL DIRECTOR: Jacob Hafer
ADDRESS: 23 E. Main St. Frostburg

RECEIVED
JAN 3 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

11693

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1b

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 3 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1500 Michigan Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoyer; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Oscar; (Middle) Floyd; (Last) Wolfe

4. DATE OF DEATH: (Month) Dec; (Day) 23; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

DATE OF BIRTH: Dec 25 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mine Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Franklin Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hamilton J. Wolfe

14. MOTHER'S MAIDEN NAME: Minnie Cline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-03-7045

17. INFORMANT AND ADDRESS: Mrs Hester Lindamood, Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	Acute
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Myocarditis	6 mos
94a (c)	Bronchial Asthma	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1951 to Dec. 23, 1951, that I last saw the deceased alive on Dec 22, 1951, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Clay R. Garrett M.D. Cumberland 12/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec 26, 1951 | NAME OF CEMETERY OR CREMATORY: White Church Cemetery | LOCATION (City, town, or county) (State): Near Deer Park Md

DATE REC'D BY LOCAL REG.: Dec. 28, 1951 | REGISTRAR'S SIGNATURE: Walter R. Hanby, M.D. | 24. FUNERAL DIRECTOR: Herbert Brighton | ADDRESS: Oakland Md

650-716

RECEIVED
JAN 7 1952
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

11694

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (In this place): 8 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 323 Race St. Dead onarrival at the Memorial Hospital	STREET ADDRESS (If rural, give location): 323 Race St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	William	Yates	Dec.	9	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
male	white	single	Mar. 30-1943	8 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
student	School	Cumberland, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David E. Yates	Mary M. Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	none	father-David E. Yates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Streptococci meningitis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

340.2
81a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D.	H.V. Deming M.D.	Cumberland, Md.	Dec. 10-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 10, 1951	Hillcrest Cemetery	Cumberland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 10, 1951	Walter K. Dantz, M.D.	James F. Scarpelli,	Cumberland.

199-879

U.S. A15A

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DEC 19 1951
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